

COMMUNITY SERVICE AND VOLUNTEER SUPERVISOR'S STATEMENT OF PARTICIPATION



Meskwaki Tribal Court
307 Meskwaki Road
Tama, IA 52339
641-484-9300
admin.ast@meskwakicourt.org

Tribal Court Case/s: _____

I, (Print name of **Supervisor/Witness**) _____

of (name of **organization/company**) _____

Do hereby certify under penalty of perjury

that (print name of **Volunteer**) _____

Successfully completed **Total of _____ hours**

Doing the following activities: _____

NOTE: THIS FORM MUST BE TURNED IN NO LATER THAN TWO WEEKS FROM FIRST DAY OF ACTIVITY

Daily Breakdown of Hours (WHOLE OR HALF-HOURS ONLY)

Date: _____	Hours _____	Date: _____	Hours _____
Date: _____	Hours _____	Date: _____	Hours _____
Date: _____	Hours _____	Date: _____	Hours _____

Additional information I would like the Court to know (work performance, clarifications, etc.):

Date

Signature of Supervisor/Witness

Job Title: _____

Phone: _____

Email: _____

CC: Prosecutor / Probation Office / Defendant